## Therapist Officer Career/Promotion Preparation Checklist

| Name:  | Date:    |     |             |                                 |
|--|----------|-----|-------------|---------------------------------|
| Purpose: To provide a self-administered guidance checklist for Therapist Category Officers |          |     |             |                                 |
| to be promotion competitive. Recommend reviewing this list at least every 3-6 months, and  |          |     |             |                                 |
| when you receive a promotion notification.   |          |     |             |                                 |
| <b>Disclaimer:</b> Additional policies and guidelines may be published before              | ore ar   | upc | lated ve    | rsion of this form is released. |
| Agency specific policies are not reflected in this checklist.                              |          |     |             |                                 |
| Promotion Information Report (PIR)   |          |     |             | Comments                        |
| 1. Items under General Information are accurate.   | Y        | N   | N/A         |                                 |
| 2. Items under <i>Creditable Service</i> are accurate                                      | Y        | N   | N/A         |                                 |
| 3. All COERs are reflected accurately under <i>COER History</i> .                          | Y        | N   | N/A         |                                 |
| 4. All authorized awards are reflected accurately.   | Y        | N   | N/A         |                                 |
| 5. All assignment history information is reflected accurately.                             | Y        | N   | N/A         |                                 |
|  |          |     |             |                                 |
| <b>Electronic Official Personnel Folder (eOPF)</b>   |          |     |             | Comments                        |
| 1. All COERs documents listed and accurately scanned.                                      | Y        | N   | N/A         |                                 |
| 2. Current PIR is on file.   | Y        | N   | N/A         |                                 |
| 3. Current CV (less than 1 year old and formatted per recommended                          | Y        | N   | N/A         |                                 |
| template) is on file.  |          |     |             |                                 |
| 4. Current Credential Certificates are on file.  | Y        | N   | N/A         |                                 |
| 5. Accurate and current award authorization is on file.                                    | Y        | N   | N/A         |                                 |
| 6. Completed training/education documents are on file. ( eOPF CEU                          | Y        | N   | N/A         |                                 |
| Summary Sheet as well as supporting certificates of completion)                            |          |     |             |                                 |
| 7. Special Skills & Outside Activity documents are on file.                                | Y        | N   | N/A         |                                 |
| 8. PHS Supporting Documentation such as "Thank You" and                                    | Y        | N   | N/A         |                                 |
| "Appointment" letters and others are on file.  |          |     |             |                                 |
| 10. All personnel orders are on file.  | Y        | N   | N/A         |                                 |
| 11. All insurance information are accurate, current & on file.                             | Y        | N   | N/A         |                                 |
| 12. All appointment information is on file.  | Y        | N   | N/A         |                                 |
| 13. Security clearance information is on file.   | Y        | N   | N/A         |                                 |
| 14. Officer's Statement is accurate and on-file.   | Y        | N   | N/A         |                                 |
|  |          |     |             |                                 |
| Curriculum Vitae (CV)  |          |     |             | Comments                        |
| 1. Make sure the summary does not exceed 2 pages.  | Y        | N   | N/A         |                                 |
| 2. CV formatted in font size 11 or 12 and Times New Roman                                  | Y        | N   | N/A         |                                 |
| 3. All authorized awards are listed (Ref: Manual Circular 372).                            | Y        | N   | N/A         |                                 |
| 4. Educational information is accurately listed – school, degree type,                     | Y        | N   | N/A         |                                 |
| and year obtained.   |          |     |             |                                 |
| 5. Certifications/Credentials are clearly listed and year obtained.                        | Y        | N   | N/A         |                                 |
| 6. Collateral duties are clearly listed and years held.                                    | Y        | N   | N/A         |                                 |
| 7. Mobility (Geographic or Programmatic) information is clearly                            | Y        | N   | N/A         |                                 |
| listed – location, agency assigned, and year of the move.                                  |          |     |             |                                 |
| 8. Each assignment description is listed, complete and accurate –                          | Y        | N   | N/A         |                                 |
| month/years held, job title, agency, billet level of the position and                      |          |     |             |                                 |
| rank held in the position  | <u> </u> |     |             |                                 |
| 9. 3-5 bulletized descriptions of accomplishments including level of                       | Y        | N   | N/A         |                                 |
| impact/ influence, and 1 bulletized description of responsibilities.                       |          |     |             |                                 |
| Include detailed assignments.  | * 7      | 3.7 | <b>NT/A</b> |                                 |
| 10. Professional Association memberships listed and year held.                             | Y        | N   | N/A         |                                 |

## **Curriculum Vitae (CV) (Continued)**

| Co | mm | en | ts |
|----|----|----|----|
|    |    |    |    |

| 12. Leadership positions held are listed – title, agency/association, years held | Y | N | N/A |  |
|--|---|---|-----|--|
| 13. Mentor Program activities – list number of protégé and years                 | Y | N | N/A |  |
| participated in program. Fax copy of Mentoring contract to eOPF.                 |   |   |     |  |
| 14. Deployments listed – OFRD/Agency-specific deployments,                       | Y | N | N/A |  |
| agency deploying the individual, year of the deployment.                         |   |   |     |  |
| 16. OFRD deployment readiness training completed and year that it                | Y | N | N/A |  |
| was completed.   |   |   |     |  |
| 17. Business address, phone numbers, and e-mail information is                   | Y | N | N/A |  |
| accurate.  |   |   |     |  |
| 18. Pages are numbered.  | Y | N | N/A |  |
| 19. Name, rank, credentials, category, and PHS# listed in the upper              | Y | N | N/A |  |
| right hand header on each page is present.                                       |   |   |     |  |
| 20. Name, rank, credentials, PHS Serial Number, and date of CV is                | Y | N | N/A |  |
| centered on the top of the 1 <sup>st</sup> page of the CV                        |   |   |     |  |

Officer's Statement Comments

| 1. Completed properly and signed/dated.                     | Y | N | N/A |  |
|---|---|---|-----|--|
| 2. Contact Reviewing Official to discuss Reviewing Official | Y | N | N/A |  |
| Statement (ROS) and due dates                               |   |   |     |  |
| 3. Officer's Statement is on file in the eOPF.              | Y | N | N/A |  |

## **PHS Readiness Standards**

## Comments

| PHS Readiness Standards   |   |   |     | Comments |
|---|---|---|-----|----------|
| 1. Current physical examination within five years is completed and      | Y | N | N/A |          |
| on file at DCP – Medical Affairs Branch, and documented on OFRD         |   |   |     |          |
| file.   |   |   |     |          |
| 2. American Heart Association Basic Life Support for healthcare         | Y | N | N/A |          |
| providers, or American Red Cross CPR/AED for the Professional           |   |   |     |          |
| Rescuer is on file in eOPF and documented on the OFRD file.             |   |   |     |          |
| 3. Passed either physical fitness standards and is documented on the    | Y | N | N/A |          |
| OFRD file; or workout documented on President's Fitness website         |   |   |     |          |
| 4. Current professional certification/registration is on file in eOPF   | Y | N | N/A |          |
| and OFRD file.  |   |   |     |          |
| 5. Current height/weight and body mass index are recorded within        | Y | N | N/A |          |
| the last year and in the OFRD file.                                     |   |   |     |          |
| 6. If applicable, a medical waiver, either temporary or permanent, is   | Y | N | N/A |          |
| been authorized and is on file at OCCO MAB.                             |   |   |     |          |
| 7. Recently logged into OFRD website within the last <u>3 months</u> to | Y | N | N/A |          |
| update information. (Login at least once every 3 months)                |   |   |     |          |
| 8. Possesses all required uniforms.                                     | Y | N | N/A |          |
| 9. Primary deployment role has been identified on CCRF website.         | Y | N | N/A |          |
| 10. Completed OFRD training modules as required                         | Y | N | N/A |          |
| 11. Annual Medical History on file at OCCO MAB with your                | Y | N | N/A |          |
| signature.  |   |   |     |          |
| 12. FAX Current immunization records to OCCO MAB using MAB              | Y | N | N/A |          |
| fax form  |   |   |     |          |
| 13. Ensure that your PPD will not lapse during the promotion boards     | Y | N | N/A |          |
| January to July time frame  |   |   |     |          |

Comments and suggestions may be submitted to the Chair, Promotion Preparation Subcommittee, Therapist Professional Advisory Committee at <a href="mailto:tarri.randall@ihs.gov">tarri.randall@ihs.gov</a>